



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/26/93

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986651941

FACILITY NAME -> BUCHANAN CONSTRUCTION PRODUCTS

MAILING ADDRESS -> 101 BILBY RD BLDG 2C
HACKETTSTOWN COMMERCE PARK
HACKETTSTOWN, NJ 07840

INSTALLATION ADDRESS -> 101 BILBY RD BLDG 2C
HACKETTSTOWN COMMERCE PARK
HACKETTSTOWN, NJ 07840

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: LINDLAU, PAUL
DIR ENGR
BUCHANAN CONSTRUCTION PRODUCTS
101 BILBY RD BLDG 2C
HACKETTSTOWN COMMERCE PARK
HACKETTSTOWN, NJ 07840

Industrial Park (New)

UB

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJD986651941

II. Name of Installation (Include company and specific site name)

BUCHANAN CONSTRUCTION PRODUCTS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

HACKETTSTOWN COMMERCE PARK

Street (continued)

101 BILBY RD BLDG-2C

City or Town

HACKETTSTOWN

State

ZIP Code

NJ

07840

County Code

County Name

041 WARREN

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

101 BILBY RD BLDG-2C

City or Town

HACKETTSTOWN

State

ZIP Code

NJ

07840

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

LINDLAU

PAUL

Job Title

Phone Number (area code and number)

DIR ENGINEERING

908-850-5200

VI. Installation Contact Address (See Instructions)

A. Contact Address

B. Street or P.O. Box

Location

Mailing



101 BILBY RD BLDG-2C

City or Town

HACKETTSTOWN

State

ZIP Code

NJ

07840

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

BUCHANAN CONSTRUCTION PRODUCTS

Street, P.O. Box, or Route Number

101 BILBY RD BLDG-2C

City or Town

HACKETTSTOWN

State

ZIP Code

NJ

07840

Phone Number (area code and number)

908-850-5200

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

P

P

Yes

No

020191

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<p>1. Generator (See Instructions)</p> <p><input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p>		<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p>2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p> <p><input type="checkbox"/></p>
<p>3. Treater, Storer, Disposer (at Installation)</p> <p>Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity (D000) ☒ D006

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 <u>D006</u>	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <u>Paul Lindlan</u>	Name and Official Title (type or print) <u>PAUL LINDLAN DIR. OF ENGINEERING</u>	Date Signed <u>07 JUL 93</u>
----------------------------------	--	---------------------------------

XI. Comments

ADDRESS CORRECTION IN ACCORDANCE WITH LANDLORD'S LETTER ATTACHED.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Exp Mail

RECEIVED

JUL 06 1993

DATE: 6/18/93

BUCHANAN ENGINEERING

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED

Facility Name: Buchanan Construction Products

- 1) ☐ Name of Installation is incomplete.
- 2) ☒ Location of Installation is insufficient. *must not be left blank.*
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☐ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete and/or needs further clarification.

☐ Mode of Transportation has been indicated. However, Box a or b of Activity No. 2, Transporter, has not been marked.
Please indicate purpose of transporter activity in Box a or b of Activity 2. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.

☐ Activity No. 3, Treater, Storer, Disposer, has been indicated.
Please confirm this designation by returning your form and checklist as requested. Contact your State Environmental Agency in order to submit Part A of your required permit application.
If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
- 6) ☐ Certification is insufficient.
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☒ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☐ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.

over
→

10) _____ There is an existing EPA Identification Number for the stated installation at the location address you have specified.

To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.

11) _____ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes.

12) ☒ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

13) ☒ Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to _____

Distinctive Services Inc.

☒ The above named facility is in the same ~~building~~/complex.
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named facility is the current owner of the property.
List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named facility is the previous owner of the property or prior business.
List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

_____ The above named facility is the previous operator at this location.

☒ Other. Please explain. DISTINCTIVE SERVICES, INC. WAS, BUT IS
NO LONGER, LOCATED IN ANOTHER BUILDING IN THIS
INDUSTRIAL PARK. THE ENCLOSED LETTER FROM B&W
ASSOC., THE LANDLORD, EXPLAINS.

July 07, 1993

USEPA - REGION II
Air and Waste Management Division
Hazardous and Solid Waste Programs Branch
26 Federal Plaza, Room 1006
New York, New York 10278

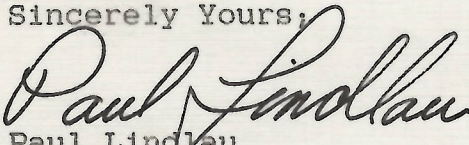
Dear Sir/ Madam:

We have completed the Notification of Regulated Waste Activity Form (EPA Form 8700-12) which was returned for certain inaccuracies.

In addition to this completed form you will also find the checklist of errors and a letter from our Landlord, B & W Associates, explaining the true address of Distinctive Services, Inc. previously of this same industrial park.

Hopefully, there will be no further impediments to your granting to us an EPA ID number. Should you require more data or information, please contact me directly by phone at 800-610-5201 or by fax at 800-631-7634.

Sincerely Yours,


Paul Lindlau
Director of Engineering

cc: R.Clements
P.Luzasky
BES Environmental Specialists, Inc.

B & W Associates

P.O. Box 302, Mt. Freedom, New Jersey 07970
(201) 895-2413
FAX (201) 895-2506

June 30, 1993

Mr. Paul Lindlau
Buchanan Construction Products Inc.
101 Bilby Road
Building No. 2
Hackettstown, N J 07840

Dear Paul:

Distinctive Services, Inc. is located at 101 Bilby Road,
Hackettstown Commerce Park, Building No. 1, Hackettstown, N J.
Buchanan Construction Products, Inc. is located at 101 Bilby Road,
Hackettstown Commerce Park, Building No. 2, Hackettstown, N J.

Building No. 1 and Building No. 2 are on separate properties,
identified on the tax map as Block 44, Lot 4.03 and Block 44, Lot
4.04, respectively.

I trust this information will satisfy your needs.

Very truly yours,

Robert J. Bryan/jw
Robert J. Bryan

jw



QUESTIONS? CALL 800-238-5355 TOLL FREE.

AIRBILL
PACKAGE
TRACKING NUMBER

4734406471

21704 4734406471

RECIPIENT'S COPY

Date

7/6/93

From (Your Name) Please Print

Paul Lindlar

Your Phone Number (Very Important)

(908) 850-5200

To (Recipient's Name) Please Print

Norman Rost

Recipient's Phone Number (Very Important)

(212) 364-3589

Company

Department/Floor No.

Company

Department/Floor No.

Street Address

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.)

City

State

ZIP Required

City

State

ZIP Required

YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice.)

IF HOLD FOR PICK-UP, Print FEDEX Address Here

Street
Address

City

State

ZIP Required

PAYMENT 1 ☒ Bill Sender 2 ☐ Bill Recipient's FedEx Acct. No. 3 ☐ Bill 3rd Party FedEx Acct. No. 4 ☐ Bill Credit Card5 ☐ Cash/
Check

SERVICES

(Check only one box)

DELIVERY AND SPECIAL HANDLING

(Check services required)

PACKAGES

WEIGHT

In Pounds
OnlyYOUR DECLARED
VALUE

Emp. No.

Date

Federal Express Use

Priority Overnight

(Delivery by next business morning)

Standard Overnight

(Delivery by next business afternoon
(No Saturday delivery))11 ☐ YOUR
PACKAGING51 ☐ YOUR
PACKAGING16 ☒ FEDEX LETTER*56 ☐ FEDEX LETTER*12 ☐ FEDEX PAK*52 ☐ FEDEX PAK*13 ☐ FEDEX BOX53 ☐ FEDEX BOX14 ☐ FEDEX TUBE54 ☐ FEDEX TUBE

Economy Two-Day

(Delivery by second business day)

Government Overnight

(Restricted for authorized users only)

30 ☐ ECONOMY46 ☐ GOVT
LETTER41 ☐ GOVT
PACKAGE

Freight Service

(For packages over 150 lbs.)

70 ☐ OVERNIGHT
FREIGHT**80 ☐ TWO-DAY
FREIGHT**1 ☐ HOLD FOR PICK-UP (Fill in Box H)2 ☒ DELIVER WEEKDAY3 ☐ DELIVER SATURDAY (Extra charge) (Not available to all locations)4 ☐ DANGEROUS GOODS (Extra charge)5 ☐6 ☐ DRY ICE Lbs.7 ☐ OTHER SPECIAL SERVICE8 ☐9 ☐ SATURDAY PICK-UP (Extra charge)10 ☐12 ☐ HOLIDAY DELIVERY (if cleared) (Extra charge)11 ☐

DIM SHIPMENT (Chargeable Weight)

L x W x H

1 ☐ Regular Stop 2 ☐ Drop Box3 ☐ On-Call Stop 4 ☐ B.S.C.5 ☐ Station☐ Cash Received☐ Return Shipment☐ Third Party☐ Chg. To Del.☐ Chg. To Hold

Street Address

City

State

Zip

Received By:

X

Date/Time Received

FedEx Employee Number

REVISION DATE 2/92

FORMAT #126

126

© 1991-92 FEDEX

PRINTED IN U.S.A.

Release Signature:

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

June 23, 1993

Paul Lindlau
Buchanan Construction Products
101 Bilby Rd
Hackettstown, NJ 07840

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

Please send your documentation and the enclosed checklist to the following address as soon as possible:


USEPA - REGION II
AIR AND WASTE MANAGEMENT DIVISION
HAZARDOUS AND SOLID WASTE PROGRAMS BRANCH
26 FEDERAL PLAZA, ROOM 1006
NEW YORK, NEW YORK 10278
TELEPHONE NO. 212-264-3384

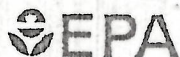
Please note that we cannot process your request until the corrected and/or additional information is provided to us. If you have any specific questions regarding your submission, please call (212) 264-2014. Thank you for your cooperation.

Sincerely yours,

Norman Rost, Program Management Coordinator
Air and Waste Management Division

Enclosures

20PM:Lopez:lc:October 20, 1992:		CONCURRENCES								
SYMBOL=>	2AWM-PMC									
SURNAME=>	Norm Rost									
DATE=>										
EPA FORM 1320-1 (12-70)										
OFFICIAL FILE										

United States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C
C

93 JUN 18 PM 3:03

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)

Epp Mail (B)

C
FT/A C
1

I. Name of Installation

BUCHANAN CONSTRUCTION PRODUCTS

II. Installation Mailing Address

Street or P.O. Box

C
3

101 BILBY ROAD

City or Town

State

ZIP Code

C
4

HACKETTSTOWN

NJ 07840

III. Location of Installation

Street or Route Number

C
5

City or Town

State

ZIP Code

C
6

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2

LINDLAU PAUL

908 8505200

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C
R

BUCHANAN CONST. PRODUCTS

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
☐ 2. Transporter
☐ 3. Treater/Storer/Disposer
☐ 4. Underground Injection
☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner
☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

ID — For Official Use Only									
C									
W									
									IT/AI C
									1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
D006					
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable (D001)

☐ 2. Corrosive (D002)

☐ 3. Reactive (D003)

☐ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Paul Lindau

Name and Official Title (type or print)

PAUL LINDAU

DIRECTOR OF ENGINEERING

Date Signed

JUN 17 '93

B. E. S.

ENVIRONMENTAL SPECIALISTS INC.

And 24-Hour Emergency Response

P.O. BOX 1830

KINGSTON, PENNSYLVANIA 18704-0830

Phone: (717) 779-5316

ATTACHMENT: EPA FORM 8700-12

BUCHANAN CONSTRUCTION PRODUCTS

SECTION V: PROPERTY OWNER: B & W ASSOCIATES
MOUNT FREEDOM, NEW JERSEY

NATP
FINDS
FIQ020P

U.S. ENVIRONMENTAL PROTECTION AGENCY
FACILITY INDEX SYSTEM
FINDS SOURCE SELECTION SCREEN

06/21/93
09:19:32
FIQ020M1

EPA-ID: NJD986569002 UPDATE DATE: 10/05/92 UPDATE-USERID: HTR
FACILITY-NAME: DISTINCTIVE SERVICES INC
101 BILBY RD

HACKETTSTOWN NJ 07840
THIS FACILITY IS CURRENTLY MONITORED BY THE FOLLOWING SYSTEMS:

01 RCRIS

ENTER PROGRAM OFFICE CODE TO VIEW THE SOURCE-ID(S):

-----ENTER-----PF1/13-----PF3/15-----PF4/16-----PF5/17-----PF7/19-----
PROCESS HELP PREVIOUS MAIN PROG OFFICE SEARCH
SCREEN MENU SCREEN MENU CODES MENU

BROWSE -- K2DB.REPORTS.C.R2HIDR1A.NJ.NUMERIC ----- LINE 00056175 COL 001 080
COMMAND ==> SCROLL ==> PAGE
LOUIS COUCH 08096 (609) 848
NJD986569002 N:10/24/88 A:11/14/88
DISTINCTIVE SERVICES INC 101 BILBY RD HACKETTSTO WARREN
JOHN RENNA 07840 (201) 850
NJD986569010 N:10/19/88 A:06/12/89
PSE&G MERRILL CREEK RESERVO MONTANA ROAD HARMONY WARREN
RICHARD O LEINBACH 08865 (201) 454
NJD986569028 N:10/26/88 A:01/22/90
SUNOCO SERVICE STATION COUNTY LINE & BENNETTS MI JACKSON OCEAN
HAROLD BIRR 08527 (215) 977
NJD986569036 N:10/31/88 A:11/14/88
HALL'S WAREHOUSE 132 CASE DRIVE SOUTH PLAI MIDDLESEX
FRANK IRBER 07080 (201) 769
NJD986569044 N:11/01/88 A:11/14/88
LAB GLASS INC 506-08 PEACH STREET VINELAND CUMBERLAN
RON FLAIM 08360 (609) 691
NJD986569051 N:11/03/88 A:11/14/88
THE KENNEDY HOUSE C/O CHARL 1225 KENNEDY BLVD BAYONNE HUDSON
DAVID CRESPO 07002 (201) 436
NJD986569077 N:11/03/88 A:11/14/88
F13=HELP F14=SPLIT F15=END F16=RETURN F17=RFIND F18=RCHANGE
F19=UP F20=DOWN F21=SWAP F22=LEFT F23=RIGHT F24=RETRIEVE